## OFFICIAL FILE

INOIS COMMISSION SION SION III

## FORMAL COMPLAINT

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701 For Commission Use Only:

Case: 02-0847

ORIGINAL

Regarding a complete by (Erson making the complaint): Vincent Wade
Against (Utility name) = 3 People's Energy
As to (Reason for complaint) Refused of respondent to supply liveting
gas to To my residence at 7250 à Vernon avec
n Chicago Illinois.
TO THE ILLINDIS COMMERCE COMMISSION, SPRINGFIELD, ILLINDIS:
My mailing address is 7250 So. Vernun ave Chicago IL. 60619
he service address that I am complaining about is 7250 is Varoun ave Chicago II. 6069
My home telephone is [312] 953 8694
Detween 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [312] 953 8694
Full name of utility company) <u>Recples Energy of Chicago</u> (respondent) is a public utility and is subject of the provisions of the Illinois Public Utilities Act.
n the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.
lave you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint? Yes No
as your complaint filed with that office been closed?

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. ON SEPTEMBER 6 2002 I APPLIED FOR GAS SERVICE AT 7050 S VERNON AVE.

IN CHICAGO IL. THE SERVICE REPRESENTATIVE ADVISED ME THAT I WOULD HAVE TO PAY A PREVIOUS BILL

OF \$1600.00 AND A DEPOSIT OF \$1600.00 TO HAVE THE SERVICE RECONNECTED.

- 2. WHEN I ASKED THEM WHY AM I HELD RESPONCIBLE, IT WAS STATED THAT MY MOTHER HAS LEFT AN OUTSTAND-ING BILL AND THAT SENCE I HELP PAY THE GAS BILL LAST YEAR AND THAT I WAS IN RESIDANCE AT THE TIME THAT I WULLD BE HELD RESPONCIBLE FOR THE OUTSTANDING BILL.
- 3. THEY TELL ME THAT THEY HAVE PROOF THAT I HAVE BEEN RESIDING AT THAT ADRESS BUT WILL NOT SHOW ME THE PROOF. MY MAILING ADRESS IS THAT ADRESS BUT WHEN I MOVED OUT I ASSUMED THAT THE UTILITIES WOULD BE TAKEN CARE OF I TOLD THE SUPERVISOR THAT I HAD THE HOUSE REFINANCED AND WAS INFORMED

BY SAID SUPERVISOR THAT SERVICE WOULD BE REFUSED NO MATTER WHO RESIDES AT THAT ADRESS.

MAY I PLEASE HAVE AN EMERGENCY HEARING, MY FAMILY AND I HAVE BEEN WITHOUT HEAT SINCE SEPTEMBER
OF JURY. PLEASE HELP!

V CLUE: PLEASE HELP:
Please elearly state what you want the Commission to do in this case:
That my service is respond without pay ment and that I not be
held responsible for someone else's bill.
Date: Doc. 10, 2002 Complainant's Signature Complainant's Signature
If an attorney will represent you, please give the attorney's name, address, and telephone number.
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
I. Incent Wade first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my prowledge.
(Signature) / / / / / / / / Subscribed and sworn/affirmed to before me on (month, day, year) 12 17 2002
Notary Public, Illinais  Official Seat C L Parker Notary Public State of Illinois

**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.